FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | Washington | i, D.C. 20549 | |
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| | | | |
| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |

| 20549 | OMB APPROVAL |
|-------|--------------|
| | |

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | • | | | | | | | | | | | | |
|---|---|--|--|--|---|-------------|--|--|--------|----------------------|---|---|--|--|---|---|--|--|
| Name and Address of Reporting Person* COUNTRYMAN GARY L | | | | 2. Issuer Name and Ticker or Trading Symbol CBS CORP [CBS, CBS.A] | | | | | | | | | all app | onship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | | |
| (Last) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013 | | | | | | | | | | cer (give title | | 10% Owner Other (specify below) | |
| (Street) NEW Y | ORK N | Y | 10019 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | ate) | (Zip) | | | | | | | | | | | Perso | on | | | |
| | | | le I - Non-De | | _ | | | | Disp | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date | | Code (Instr | | | | ired (A) onstr. 3, 4 | or and | Securities F Beneficially (Owned Following (| | 6. Owner Form: D (D) or Ir (I) (Insti | Direct ndirect | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pri | | Report Transa (Instr. 3 | ction(s) | | | (Instr. 4) | |
| | | T | able II - Deriv (e.g., | | | | | uired, Di | | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | Transaction Code (Instr. | | vative virities vired r osed) r. 3, 4 | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Deri | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amoun or Numbe of Shares | r | | | | | |
| Phantom Class A Common Stock Units | (1) | 07/01/2013 | | A | | 15 | | (1) | | (1) | CBS Class A common stock | 15 | \$4 | 8.68 | 6,350 | | D | |
| Phantom Class B Common Stock Units | (1) | 07/01/2013 | | A | | 15 | | (1) | | (1) | CBS Class B common stock | 15 | \$4 | 8.73 | 6,352 | | D | |

Explanation of Responses:

1. Represents cash dividends credited during the previous quarter on amounts previously deferred pursuant to the Issuer's deferred compensation arrangement for directors. Such amounts are deemed invested quarterly in the number of Phantom Common Stock Units equal to the number of shares of Class A and Class B Common Stock that such amounts would have purchased when converted. Phantom Common Stock Units are paid out after the Director's retirement from the Board and are settled in cash.

> /s/ Angeline C. Straka, 07/03/2013 Attorney-in-fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.